

**UTAH ACCIDENT & HEALTH INSURANCE  
GROUP QUESTIONNAIRE**

**INSURER NAME:** \_\_\_\_\_ **NAIC #:** \_\_\_\_\_

Pursuant to Utah Code Annotated Section 31A-22-701, group marketing is limited to the stated group types in 31A-22-502, 31A-22-503, 31A-22-504, 31A-22-506, 31A-22-507, and 31A-22-701(2). This completed form must be included with all group filings.

\_\_\_\_\_ **EMPLOYER-EMPLOYEE:** Do the groups meet all the requirements of 31A-22-502? Yes \_\_\_\_\_ No \_\_\_\_\_  
If the filing will be used for a single employer, provide the employer name: \_\_\_\_\_

\_\_\_\_\_ **LABOR UNION:** Does the group meet all the requirements of 31A-22-503? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ **TRUSTEE:** Does the group meet all the requirements of 31A-22-504? Yes \_\_\_\_\_ No \_\_\_\_\_  
Policyholder name: \_\_\_\_\_  
Taft Hartley trust compliant with Section 302(c)(5) of the Federal Labor Management Relations Act? Yes \_\_\_\_\_ No \_\_\_\_\_  
Premiums are paid to the insurer by: the policyholder \_\_\_\_\_ or the individual \_\_\_\_\_  
Trust name: \_\_\_\_\_ Domicile: \_\_\_\_\_  
Date trust formed: \_\_\_\_/\_\_\_\_/\_\_\_\_ By whom: \_\_\_\_\_  
Trustee name: \_\_\_\_\_  
Trust administrator name: \_\_\_\_\_  
Function of the trust: \_\_\_\_\_

\_\_\_\_\_ **ASSOCIATION:** Does the group meet the requirements of 31A-22-701(1) and (2)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If the association is a Bona Fide Employer Association Group, complete the Utah Accident & Health Insurance Bona Fide Employer Association Group Questionnaire.  
Association name: \_\_\_\_\_ Policyholder name: \_\_\_\_\_  
Purpose of the association: \_\_\_\_\_  
Date formed: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_ By whom: \_\_\_\_\_  
Qualifications and benefits for membership: \_\_\_\_\_  
Is a trust involved? Yes \_\_\_\_\_ No \_\_\_\_\_ Date formed: \_\_\_\_/\_\_\_\_/\_\_\_\_ By whom: \_\_\_\_\_  
Trustee Name: \_\_\_\_\_  
Administrator name: \_\_\_\_\_  
Include a copy of the association constitution and bylaws.

\_\_\_\_\_ **CREDITOR:** Does the group meet all the requirements of 31A-22-506? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ **CREDIT UNION:** Does the group meet all the requirements of 31A-22-507? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ **BLANKET:** Does the group meet all the requirements of 31A-22-701(3)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Define the group as allowed under 31A-22-701(3)(d)(i) through (ix): \_\_\_\_\_  
Enrollment: Mandatory \_\_\_\_\_ Opt out waiver \_\_\_\_\_ Voluntary \_\_\_\_\_

All other groups are considered discretionary groups, pursuant to 31A-22-701(2)(c) prior authorization must be granted by the commissioner. If authorization has been granted, a copy of the authorization letter must be included with the filing.

**MARKETING AND ADMINISTRATION:**

Will the product be marketed directly to an individual? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the product be marketed to small employers? Yes \_\_\_\_\_ No \_\_\_\_\_

Is a third party administrator involved? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of third party administrator: \_\_\_\_\_ Utah license #: \_\_\_\_\_

**I HEREBY CERTIFY that I have reviewed the above and my responses are correct and in compliance with all applicable provisions of the Utah laws and rules. Filings with incomplete questionnaires will be rejected.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Original or Digital Signature

\_\_\_\_\_  
Date

For general questions, contact Julie Chytraus at (801) 538-3816 or jchytraus@utah.gov